

# What Your Female Patients Want to Know About Bladder Control

*National Kidney and Urologic Diseases Information Clearinghouse*



National  
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Digestive  
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Diseases

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*“When my patients become incontinent, a little light goes out of their lives. I like to be part of the dimmer switch that turns the light back on.”*

**Elisabeth Brown, R.N.**  
Continence Nurse  
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Women and their health professionals share one thing in common: a surprising number would rather not talk about urinary incontinence (UI). Patients may hope their doctors bring up the topic, while their doctors may hope their patients don't. All this silence can lead to more serious medical and psychosocial problems.

The Agency for Health Care Policy and Research (AHCPR) cites studies indicating that one in four women ages 30 to 59 has experienced urinary incontinence. If this percentage stays constant, the number of cases will rise dramatically as the baby boomers age. Incontinence, which usually can be cured or improved, causes unnecessary social isolation, expense, and secondary medical conditions. AHCPR estimates that the annual costs for caring for people with UI are \$11.2 billion in the community and \$5.2 billion

in nursing homes. Most of this money is spent on management measures, such as pads and diapers, rather than on treatment.

## Breaking Down Emotional Barriers

Incontinence can be a very uncomfortable topic for patients, as well as for many physicians and nurses. The embarrassment can be so powerful that people buy diapers instead of seeking treatment. Many will deny the condition even when it is apparent.

Doctors and nurses can do their patients a great service by breaking down this emotional barrier. Several strategies can be used to help patients overcome the stigma and feelings of embarrassment.

### Be repetitious

Use the “broken record” method. Ask about incontinence at regular visits, especially with women who have recently given birth and with postmenopausal women.

### Forewarn

Warn young mothers and menopausal women that incontinence may occur. Emphasize the commonness of the problem. That way, they'll be less embarrassed to talk about it if incontinence occurs. Warn patients facing visual or mobility limitations that their continence may be affected. Make sure that wheelchair users can reach the toilet easily.



### **Destigmatize**

Demonstrate a problem-solving attitude to incontinence by making discussion of incontinence part of routine exams. Mention that bladder control problems will occur now and then, and that usually there is an effective treatment.

### **Offer optimism**

Some patients may remain silent about bladder control because they believe it cannot be cured or improved. They may believe that it's a moral weakness, or a "natural" part of aging—not a medical issue. You can tell these patients that 80 percent of all incontinence cases can be significantly improved. Given hope for improvement, patients may take the risk of telling you about bladder control problems.

### **Treat proactively**

Doctors and nurses who treat incontinence early in its course can avert significant social and financial consequences. Encouraging Kegel exercises in midlife, for instance, can reduce the chances of incontinence later on. The use of diapers, by contrast, can be very costly. More than

50 percent of all nursing home admissions result from incontinence. In turn, these admissions cost millions of dollars to families and medical assistance programs. They also separate loved ones from each other.

You can help your patient see continence treatment in a positive light. It can be seen as part of her strategy to prolong independent living with family and community.

## **Let's Talk About Bladder Control for Women**

The materials in this package are part of a national campaign by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) and partner organizations. The campaign has two goals:

- Increase the number of women reporting and seeking treatment for urinary incontinence
- Raise health professionals' awareness of and knowledge about urinary incontinence.

The campaign's materials for patients are designed to serve several purposes:

- Facilitate communication between patients, doctors, nurses, and other health care providers
- Provide educational materials for patients newly presenting with incontinence
- Provide easy-to-read materials that can be used by patients with limited literacy skills and others
- Link patients, doctors, and nurses with patient and professional health organizations.

The materials should help patients become more comfortable talking about incontinence. In addition, pre-visit questionnaires will guide patients in gathering appropriate information to bring to the clinic.

Doctors, nurses, and other professionals can order bulk quantities of materials for patients or sets of reproduction masters. The publications can also be printed from the NIDDK home page on the World Wide Web (<http://www.niddk.nih.gov>).

The following publications are available in the series:

- *Your Body's Design for Bladder Control*
- *Your Daily Bladder Diary\**  
(voiding diary)
- *Talking to Your Health Care Team About Bladder Control\**
- *Your Medicines and Bladder Control*
- *Pregnancy, Childbirth, and Bladder Control*
- *Menopause and Bladder Control*
- *Bladder Control for Women\**
- *Exercising Your Pelvic Muscles*
- *1997–1998 Educational Resource Guide: Urinary Incontinence*

\* Items with an asterisk are meant to be given to patients when they first present or hint of incontinence. The others serve for more specific complaints as assessment continues.

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